

1.) CORPORATION NAME:

**Aclara RF Systems Inc.**

DUE DATE: **5/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

SCC ID NO: **F1791112**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	233,000

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 30400 SOLON RD.

CITY/ST/ZIP: SOLON, OH 44139-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	G.E. MUENSTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9900 A CLAYTON ROAD		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63124-		
NAME:	A.S. BARCLAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9900 A CLAYTON ROAD		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63124-		
NAME:	JAMES A WOJTLA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	30400 SOLON RD		
CITY/ST/ZIP/CO:	SOLON, OH 44139-		
NAME:	GARY MOORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	30400 SOLON RD		
CITY/ST/ZIP/CO:	SOLON, OH 44139-		
NAME:	V L RICHEY, JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9900A CLAYTON ROAD		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63124-		

NAME:	B S KITTEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	945 HORNET DR.		
CITY/ST/ZIP/CO:	HAZELWOOD, MO 63042-		
NAME:	J A TILLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9900A CLAYTON ROAD		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63124-		
NAME:	R C RICCARDI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	30400 SOLON ROAD		
CITY/ST/ZIP/CO:	SOLON, OH 44139-		
NAME:	M R ZUCKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	30400 SOLON ROAD		
CITY/ST/ZIP/CO:	SOLON, OH 44136-		
NAME:	J A MCKECHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	30400 SOLON ROAD		
CITY/ST/ZIP/CO:	SOLON, OH 44139-		
NAME:	C K BECKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	30400 SOLON ROAD		
CITY/ST/ZIP/CO:	SOLON, OH 44139-		
NAME:	R E BELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	30400 SOLON ROAD		
CITY/ST/ZIP/CO:	SOLON, OH 44139-		
NAME:	B R CLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	30400 SOLON ROAD		
CITY/ST/ZIP/CO:	SOLON, OH 44139-		
NAME:	J C DUTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	30400 SOLON ROAD		
CITY/ST/ZIP/CO:	SOLON, OH 44139-		
NAME:	R A GARRETSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9900A CLAYTON ROAD		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63124-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A K KASTE VICE PRESIDENT 30400 SOLON ROAD OLON, OH 44139-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D A RACHLIS VICE PRESIDENT 30400 SOLON ROAD OLON, OH 44139-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	K A ROSEMAN VICE PRESIDENT 30400 SOLON ROAD OLON, OH 44139-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R L SMITH VICE PRESIDENT 945 HORNET DR. HAZELWOOD, MO 63042-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T M MESSMER VICE PRESIDENT 945 HORNET DR. HAZELWOOD, MO 63042-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T B MARTIN ASST SECRETARY 9900A CLAYTON ROAD ST. LOUIS, MO 63124-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D M SCHATZ ASST SECRETARY 9900A CLAYTON ROAD ST. LOUIS, MO 63124-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M M WEISMAN ASST SECRETARY 9900A CLAYTON ROAD ST. LOUIS, MO 63124-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ J A TILLY		J A TILLY, VICE PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			